



CITY OF SUGAR LAND
Permits & Inspections Department

COMMERCIAL BUILDING PERMIT APPLICATION

\*\* PLEASE NOTE \*\*
1 USB with electronic set of plans required with submittal

APPLICATION # \_\_\_\_\_

VALUATION: \$ \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

- TYPE OF PERMIT:
New Commercial Ground Up (SITE PLAN APPROVAL REQUIRED TO OBTAIN CONSTRUCTION PERMIT)
Commercial Build-Out
Commercial Addition
Commercial Remodel
Pool
Driveway/Flatwork
Piers
Moving/Temporary (\$115.50 flat fee)
Fencing

A CERTIFICATE OF OCCUPANY (CO) APPLICATION WILL NEED TO BE FILLED OUT PRIOR TO ISSUANCE OF A CO OR TEMPORARY CO

This project will handle or store food for the public, contain food production facilities that can serve large groups or involves installing a walk-in refrigerator &/or freezer.

Exterior Modifications Only: This work DOES NOT lie within the authority of a POA. If it does, you must provide a copy of notification letter sent to the POA.

TDLR NUMBER: \_\_\_\_\_ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

Contractor Street Address City State Zip Code Phone

Project Owner Street Address City State Zip Code Phone

Engineer/Architect/Designer Street Address City State Zip Code Phone

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature Date Printed Name Company

Phone Fax Cell Email

Plan Check Fee (Due at time of submittal):\$ \_\_\_\_\_

PAY BY ESCROW ACCOUNT [ ]

Building Permit Fee: \$ \_\_\_\_\_

## COMMERCIAL BUILDING PERMIT CHECK-LIST

**PLEASE VERIFY THE FOLLOWING INFORMATION BY PLACING A CHECK MARK BY EACH ITEM.**

- **\*\*\* 1 USB WITH ELECTRONIC SET OF PLANS** \_\_\_\_\_
- LETTER OF DETAIL DESCRIPTION OF USE ON COMPANY LETTERHEAD WITH SIGNATURE  
(FOR REMODELS, ADDITIONS & BUILDOUTS ONLY) \_\_\_\_\_
- COMPLETED APPLICATION \_\_\_\_\_
- PROJECT DATA SHEET \_\_\_\_\_
- FLOODPLAIN REVIEW CHECKLIST (IF APPLICABLE) \_\_\_\_\_
- INDUSTRIAL PRE-TREATMENT QUESTIONNAIRE (IF APPLICABLE) \_\_\_\_\_
- WATER/WASTEWATER EQUIVALENT CONNECTIONS (IF APPLICABLE) \_\_\_\_\_
- CRANE INFORMATION FOR PROPOSED CONSTRUCTION (IF APPLICABLE) \_\_\_\_\_
- ASBESTOS SURVEY (IF APPLICABLE) \_\_\_\_\_

A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

If there is no survey submitted, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Sugar Land.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PROJECT DATA SHEET

PROJECT ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

USE / OCCUPANCY GROUP: \_\_\_\_\_ MAX. OCCUPANCY: \_\_\_\_\_  
(per IBC Sec. 302) (per IBC Sec. 1004)

TYPE OF CONSTRUCTION: \_\_\_\_\_ FIRE SPRINKLERS: YES / NO  
(per IBC Ch. 6) (Please Circle One)

TOTAL SQUARE FOOTAGE: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

DESCRIPTION OF USE & OCCUPANCY:

\* PROVIDE A LETTER OF DETAIL DESCRIPTION OF USE FOR BUSINESS AT THIS LOCATION ON COMPANY LETTERHEAD WITH SIGNATURE (FOR REMODELS, ADDITIONS & BUILDOUTS ONLY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR OFFICE USE ONLY

PLAN REVIEWED BY: \_\_\_\_\_

ZONING / LAND USE VERIFIED BY: \_\_\_\_\_

APPROVED FOR ISSUANCE BY: \_\_\_\_\_



# CITY OF SUGAR LAND

## BUILDING PERMIT FLOODPLAIN REVIEW CHECKLIST

ADDRESS: \_\_\_\_\_ APPLICATION NO.: \_\_\_\_\_

1. Is the proposed building/ structure located within a special flood-hazard area as shown on the Effective Flood Insurance Rate Map?  
 Yes                       No
  
2. Is the proposed building/structure located within a floodway as shown on the Effective Flood Insurance Rate Map (FIRM)?  
 Yes                       No
  
3. If you answer yes to either of the above two questions, please complete the City's Floodplain Development Permit Application and include the applicable fee.
  
4. If you answer no to questions (1) and (2), please provide the following information, only if, the proposed buildings/ structures are located within 500 ft distance from a flood hazard area as shown on the effective FIRM:
  - The distance (ft) of the proposed building/ structure from the effective flood-hazard area boundary:
  - Base-flood elevation (BFE) data in the proximity of the proposed building/ structure (ft):
  - Lowest Finished Floor Elevation of the proposed building/ structure (ft):
  - Natural (undisturbed) Ground Elevation at the site of the proposed building/ structure (ft):
  - Attach Elevation Certificate or Elevation Survey from a Registered Surveyor or a Registered Engineer:

♦ Please ensure that the datum used to report elevation data requested above are consistent (same datum). Otherwise, report datum adjustment factors.
  
5. Other relevant information  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Name & number for Applicant: \_\_\_\_\_

<b>RECOMMENDATION</b>		
Grant Permit	Request Additional Information	Deny Permit
_____ Building Official/ Floodplain Administrator		_____ Date



## INDUSTRIAL PRETREATMENT QUESTIONNAIRE

### PLEASE COMPLETE THIS FORM AND RETURN TO:

Sune Nantah  
City of Sugar Land  
111 Gillingham Ln  
Sugar Land, TX 77478  
281-275-2493

### Please answer the following:

1. Name of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
3. Owner: \_\_\_\_\_
4. Type of Business: \_\_\_\_\_
5. On-site processes: \_\_\_\_\_
6. Water Customer Account Number: \_\_\_\_\_
7. Federal SIC number: \_\_\_\_\_
8. Waste process: \_\_\_\_\_
9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides)  
\_\_\_\_\_
10. Water Source (check): City \_\_\_\_\_ Metered \_\_\_\_\_ Private Well \_\_\_\_\_ Unmetered \_\_\_\_\_
11. Method of Wastewater Disposal: (Check all that apply.)  
City Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_ Haul \_\_\_\_\_ Other \_\_\_\_\_
12. Wastewater estimated to be discharged in sewer system on operating days:  
Maximum \_\_\_\_\_ GPD Minimum \_\_\_\_\_ GPD Average \_\_\_\_\_ GPD  
Check One: Domestic \_\_\_\_\_ Industrial \_\_\_\_\_ Both \_\_\_\_\_
13. Volume of Grease Trap: \_\_\_\_\_ Volume of Sand Trap: \_\_\_\_\_  
Water Volume of Settling Tank: \_\_\_\_\_ gallons  
Other: (Describe) \_\_\_\_\_  
Serviced By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Frequency: \_\_\_\_\_

14. Other Wastes:

Are there any liquid wastes generated and disposed of in the sewer system? Yes\_\_\_ No\_\_\_

If yes, these wastes may be best described as:

- Inks/Dyes                       Paints
- Trace Metals                       Pesticides
- Oil and Grease                       Plating Wastes
- Organic Compounds                       Solvent Thinners
- Acids or Alkalies                       Pretreatment Sludge
- Other Wastes: (Describe)

Are there any liquid wastes or sludge disposed of by other means? Yes\_\_\_ No\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

For the aforesaid wastes, does your company practice:

- On-Site Storage
- On-Site Disposal
- Off-Site Disposal

Services By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Frequency: \_\_\_\_\_

I have personally examined and I am familiar with the information submitted in this document and attachments. Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



CITY OF SUGAR LAND

WATER AND WASTEWATER EQUIVALENT CONNECTIONS

<b>Project Name:</b>				
<b>Address:</b>			<b>City, State, Zip:</b>	
<b>Legal Description:</b>				
<b>Previous/Current Use:</b>	<b>Proposed Use:</b> <i>(Refer to the backside for this form)</i>		<b>Unit of Measure:</b>	
<b>Owner's Name:</b>	<b>Address:</b>		<b>City, State, Zip:</b>	
<b>Owner's Contact Person:</b>	<b>Telephone:</b> <b>E-mail Address:</b>		<b>Fax:</b>	
<b>Builder's Name:</b>	<b>Address:</b>		<b>City, State, Zip:</b>	
<b>Builder's Contact Person:</b>	<b>Telephone:</b> <b>E-mail Address:</b>		<b>Fax:</b>	
<b>Square Footage</b>	<b>Sanitary Sewer Lead Size</b>	<b>Water Meter Size (Inches)</b>		
		<b>Domestic</b>	<b>Fire</b>	<b>Irrigation</b>

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name \_\_\_\_\_ Owner, Builder or Agent (Signature) \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TOTAL FLOW \_\_\_\_\_  
DIVIDED BY 315 GPD = \_\_\_\_\_  
COMPUTED BY: \_\_\_\_\_

TOTAL EQUIVALENT CONNECTIONS \_\_\_\_\_  
DATE: \_\_\_\_\_

cc: Revenue Officer (Original)  
Owner/Builder

**STANDARD SANITARY SEWER USAGE CATEGORIES**

Circle the item that most accurately defines your business and fill in the quantity

<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>	<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>
A)	Residential Development			Cleaning Development (con't)	
	1. Single Family Residential	# of Units		reclaim (wand type)	# Bays
	2. Townhouse/Patio/Cluster Homes	# of Units		c. Commercial w/o reclaim (tunnel type)	# of Bays
	3. Duplex/Triplex	# of Units		d. Commercial w/ reclaim (tunnel type)	# of Bays
	4. Fourplex	# of Units			
	5. Condominium	# of Units		G) Recreational Development	
	6. Apartment with Washer/Dryer	# of Units		1. Theater Indoor	# of Seats
B)	Institutional Development			2. Skating Rink	# Capita
	1. Church			3. Bowling Alley	# of Lanes
	a. Sanctuary	# of Seats		4. Swimming Pool	# of Swimmers
	b. Administration Building	# Personnel		5. Stadium	# of Seats
	c. Day School Classroom	# Students		6. Health Club/Spa w/Swimming Pool and/or whirlpool	# Member/Day
	2. School				
	a. Unspecified	# Students		7. Health Club/Spa w/o Swimming Pool and/or whirlpool	# Member/Day
	b. Elementary	# Students			
	c. Day Care Center	# Students		H) Service Station Development	
	d. Residential	# Students		1. Station w/service (maximum of 1000 GPD if no car wash)	# of Islands
	e. Dormitory	# Students		2. Self Service Station	#Sq. Ft.
	3. Hospital	# of Beds		I) Hotel/Motel Development	
	4. Nursing Home	# of Beds		1. Hotel/Motel (excluding restaurant)	# of Rooms
	5. Prison	# Inmates		2. Hotel/Motel (w/kitchenettes)	# of Rooms
C)	Office/Retail Development			J) Industrial Development	
	1. Office Building	# Sq. Ft.		1. Warehouse	# Sq. Ft.
	2. Retail Store	# Sq. Ft.		2. Factory w/shower	# Capita
D)	Restaurant Development			3. Factory w/o shower	# Capita
	1. Average Full Service 10-12 Hours	# of Seats		4. Factory Residential	# Capita
	2. Twenty Four (24) Hour Full Service	# of Seats		5. Industrial Laundry	# Capita
	3. Tavern or Lounge (No Food Service)	# of Seats		6. Clothes or Manufacturing	# Sq. Ft.
	4. Soda Fountain (Ice Cream Parlor)	# of Seats		K) Transportation Terminal Development	
	5. Fast Food Paper Plate Service	# of Seats		1. Transportation Terminal (excluding restaurants)	# Passenger
	6. Bakery	# Sq. Ft.		L) Other	
	7. Pizza Parlor	# of Seats		1. Film Processor	# Processor
	8. Fast Food (No Seating)	# Sq. Ft.		2. Fire Station	# Personnel
E)	Barber/Beauty Shop	# Shampoo Bowls		3. Funeral Homes	# Personnel
F)	Cleaning Development			4. Technicolor One Hour Photo	# of Stores
	1. Washateria (Based on 50 G/Wash and 10Washes/day)	# Machines		5. Irrigation	gal/yr
	2. Carwash			M) Not listed – call Public Works (281) 275-2450	
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays			
	b. Individual Bay, self service with				





## OBSTRUCTION EVALUATION FORM

**Date:**

**Company Name:**

**Contact Name:**

**Phone:**

---

**Will the project use a temporary crane and/or tall equipment?**

YES

NO

**What is the height of the building or structure being constructed?**

(Feet - AGL)

**Address:**

---

**Temporary Obstruction Information (If Applicable)**

**Type of Obstruction:**

**Crane or Equipment Operator:**

**Phone:**

**Obstruction Height (Above Ground Level)                      (Feet)**

**Location**

**GPS Coordinate(s):**

---

*Permanent or temporary obstructions may need Federal Aviation Administration review and approval in order to protect the navigable airspace, as outlined in 14 CFR Part 77  
For more information please contact Airport Operations, Mitchell T. Davies at 281-275-2100*